



Montgomery County Department of Transportation
MONTGOMERY COUNTY'S LIBERTY (MC Liberty)
BIKESHARE-A Free Program For Low Income Riders

Questions? Call 240-777-8380
or email us at:
mcdot.CommuterServices@montgomerycountymd.gov

I am interested in applying for the MCLIBERTY Program in Montgomery County. I understand that my eligibility for the program must be confirmed and I hereby give permission for review of my financial information by any County agency involved in this program, their contractors, and partner organizations.

I. PERSONAL INFORMATION (Please Print):

Name: _____ No. of family members living with you: _____

Street Address: _____ Apt. No. _____

City: _____ State: _____ Zip Code: _____

Telephone (Home): _____ (Cell): _____ Work/ Another Phone: _____

E-Mail Address: _____

II. IDENTIFICATION DOCUMENTATION

You will need to submit one of the following as proof of identity to complete enrollment (any of the following is acceptable): Photo ID (i.e., Driver's license, passport or other identification with a photo); identification showing that you are working for CASA de Maryland's Employment Program; or residency card.

III. INCOME CERTIFICATION

I certify that my family, and/or I, participate in one or more of the following programs for low income residents of Montgomery County or other cities or counties in the Washington metropolitan region. Attach copy of program participation letter, dated within 30 days. Please mark all that apply and add others not listed:

- | | |
|---|--|
| <input type="checkbox"/> Food Supplement Program (Food Stamps) | <input type="checkbox"/> Maryland Primary Adult Care Program (PAC) |
| <input type="checkbox"/> Child Care Assistance | <input type="checkbox"/> Temporary Cash Assistance (TCA) |
| <input type="checkbox"/> MCPS Free or Reduced Meals (in schools) | <input type="checkbox"/> Family and Children Medical Assistance |
| <input type="checkbox"/> Head Start Program | <input type="checkbox"/> Supplementary Security Income (SSI) |
| <input type="checkbox"/> HOC Voucher Program | <input type="checkbox"/> Electric Universal Service Program |
| <input type="checkbox"/> Rental Assistance | <input type="checkbox"/> Latin American Youth Center Program (requires parental permission to participate – ages 16-17 years of age) |
| <input type="checkbox"/> Maryland Energy Assistance Program | |
| <input type="checkbox"/> MANNA | |
| <input type="checkbox"/> OR ANY OTHER PROGRAMS that have an income eligibility requirement (Please list below): | |

How did you hear about Montgomery County Bikeshare Program? _____

IV. EMPLOYMENT/JOB TRAINING/EDUCATION (Please Print)

I am currently **employed**.

(provide name and address)

I am currently enrolled in a **job training program**.

(provide name and address)

I am currently a **student**. Proof of current enrollment is required

(provide name of school)

V. SPECIAL CONSIDERATION

Special consideration will be given on a case by case basis to any individual with proof of need. Please contact Montgomery County Commuter Services at (240) 777-8380 or mcdot.commuterservices@montgomerycountymd.gov.

VI. PERMISSION TO VERIFY INFORMATION PROVIDED

I have attached all documentation as indicated and hereby provide MCLIBERTY Program permission to verify information I have provided for purposes of participation in this program. I understand that Montgomery County reserves the right to deny participation in this program to anyone who falsifies information or does not meet eligibility requirements, or on the basis of funding availability for this program.

Signed: _____ **Date:** _____

VIII. CAPITAL BIKESHARE MEMBERSHIP NOTICE: Participants in MCLIBERTY Program receive free Capital Bikeshare (CaBi) Membership for up to one year. All participants are required to sign a CaBi Membership Agreement as well as a Safety Agreement.

FOR STAFF USE ONLY:

Confirmed by (Agency Name): _____

Address: _____

Phone: _____ Email: _____

Confirmation by (Name of person signing): _____ Phone: _____

Email: _____